BEST AVAILABLE COPY

												-		
PATENT APPLICATION FEE DETERMINATION RECOR Effective January 1, 2003									Application or Docket Number 10 10 10 10 10 10 10 10 10 1					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			15					RATE FEE			RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			\5' minus 20=		* 0			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		* 9			X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	300	OR	TOTAL			
andt CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL I			
AMENDMENT A	6-20-05	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* 18	Minus	2	0	· —		X\$ 9=		OR	X\$18=	- Arm time		
AME	Independent * 3 FIRST PRESENTATION OF MIL		Minus ***		3	=		X42=		OR	X84=			
_	FIRST PRESE	NIAHON OF MI	JLTIPLE DEI	PENDEN	CLAIM			+140=		OR	+280=			
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu		(Column 3)								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·		
	Independent	*	Minus	***	01.414	=		X42=		OR	X84=			
	FIRST	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+140=		OR	+280=	,		
								TOTAL ADDIT. FEE	•	OR	TOTAL ADDIT. FEE	•		
_		(Column 1)			mn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent FIRST PRESE	* ENTATION OF M	Minus ULTIPLE DE	PENDEN	T CI AIM	-		X42=		OR	X84=			
-	1							+140=		OR	+280=			

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.